

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HL		10-1-01
O.I.P.E. CLASSIFIER		49	10/10/01
FORMALITY REVIEW	H.S	866	10.22.01
RESPONSE FORMALITY REVIEW	Wt -	571	01/03/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	10/17/01	
2	✓	10/17/01	
3	✓	10/17/01	
4	✓	10/17/01	
5	✓	10/17/01	
6	✓	10/17/01	
7	✓	10/17/01	
8	✓	10/17/01	
9	✓	10/17/01	
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49	✓	10/17/01	
50	✓	10/17/01	

Claim	Final	Original	Date
51	✓	10/17/01	
52	✓	10/17/01	
53	✓	10/17/01	
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99	✓	10/17/01	
100	✓	10/17/01	

Claim	Final	Original	Date
101	✓	10/17/01	
102	✓	10/17/01	
103	✓	10/17/01	
104	✓	10/17/01	
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146	✓	10/17/01	
147	✓	10/17/01	
148	✓	10/17/01	
149	✓	10/17/01	
150	✓	10/17/01	

If more than 150 claims or 10 actions  
 staple additional sheet here

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